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ABSTRACT

Previous research suggests that belief in the uncontrollability of a situation results in maladaptive attempts to control outcomes; perceptions of cancer's uncontrollability may result in negative attitudes toward the disease and toward patients. To test this theory 160 college students read and responded to a paragraph describing a disease labeled either as cancer or as a fictitious disease. The descriptions were designed to manipulate subjects' perceptions of the degree to which the disease could be personally controlled through preventive behavior or through treatment. Subjects then completed a scale assessing their attitudes toward the disease and toward a person with the disease. Results generally confirmed that a disease perceived as controllable, through personal or physician control, is evaluated more favorably. Overall, cancer was described more negatively than the fictitious disease. Perceptions of control strongly influenced attitudes toward patients with the fictitious disease, but cancer patients were regarded positively regardless of level of control. (JAC)

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Perceptions of Controllability and Attitudes Toward Cancer

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Introduction

Performance of cancer-preventive behaviors such as not smoking, using sunscreens, and eating a low-fat diet is low in the American population. Similarly, early diagnostic actions such as breast self-examination, testicular self-examination, and regular checkups are typically not performed as recommended by health care professionals. Cancer is a disease perceived by almost everyone as very serious and as one to which most individuals feel personally susceptible. Why, then, would so many people fail to engage in behaviors demonstrated to reduce cancer morbidity and mortality?

Both laypersons and health care professionals hold strongly negative attitudes toward cancer which may lead to failure to perform appropriate protective behaviors. One frequently-mentioned aspect of cancer is its uncontrollability. A body of research suggests that belief in uncontrollability in a situation can result in a maladaptive failure to attempt to control the outcome of the situation. Also, perceptions of a disease's controllability may affect attitudes toward patients. Research on the Just World Hypothesis indicates that when an uncontrollable aversive event happens to an innocent victim, observers often devalue the victim's character, in an effort to believe that his or her misfortune was deserved. Thus, perceptions of cancer's uncontrollability may result in negative attitudes toward the disease and toward patients. It was predicted that less controllable diseases and patients with less controllable diseases would be described more negatively than controllable diseases and patients with controllable diseases.

Method

One hundred sixty university undergraduates read a paragraph describing a disease that was labeled either as cancer or as a fictitious disease. The descriptions were designed to manipulate subjects' perceptions regarding both the degree to which the disease could be personally controlled (high versus low) through preventive behaviors and the likelihood (high versus low) that it could be controlled by physicians through treatment. Afterwards, subjects completed two semantic differentials indicating their attitudes toward the described disease and toward a patient with that disease.

Results

Attitudes toward disease. Results of three-way analyses of variance (Disease Label x Personal Control x Physician Control) generally supported the hypothesis that when a disease is perceived as controllable it is evaluated more favorably than when it is perceived as uncontrollable, both through Personal Control [$F(1,152) = 24.86$, $p < .001$] and through Physician Control [$F(1,152) = 6.61$, $p < .01$]. As shown in Table 1, however, only level of personal control over cancer affected attitudes toward that disease. Subjects in both high and low Physician Control-Cancer conditions described the disease in highly negative terms, suggesting that the treatments necessary for cancer control may be perceived as highly aversive. Overall, cancer was described more negatively than the fictitious disease.

Attitudes toward patients. Perceptions of control strongly influenced attitudes toward patients with the fictitious disease, but cancer patients were described very positively regardless of level of control [$F(1,152) =$

Table 1

Mean Scores on Dependent Variable Indices by

Disease Label, Locus of Control and Level of Controllability

Dependent Variables	Disease Label			
	Haltmar's Disease		Cancer	
	High control	Low Control	High control	Low control
Personal Control				
Attitudes toward disease:				
Disease Evaluation	11.35	2.25	5.50	0.98
Disease Potency	8.15	7.52	10.20	10.52
Attitudes toward patient:				
Patient Character	22.95	22.80	25.65	26.38
Patient Optimism	13.75	8.73	8.98	7.98
Physician Control				
Attitudes toward disease				
Disease Evaluation	10.30	3.30	3.25	3.22
Disease Potency	7.85	7.82	10.52	10.20
Attitude toward patient				
Patient Character	25.53	20.22	25.55	26.47
Patient Optimism	14.25	8.23	8.90	8.05

High scores on dependent variables indicate more positive disease evaluation, greater disease potency, more positive patient character and greater patient optimism.

11.49, $p < .001$]. The more untreatable the fictitious disease, the more negatively subjects described the patients ($r = .36$, $p < .001$). Contrary to expectations, however, across conditions cancer patients were described more positively than patients with the fictitious disease (Ms = 26.01 for cancer patients and 22.88 for the fictitious disease).

Conclusions

The findings indicate an important relationship between perceptions of control over a disease and attitudes toward that disease and toward patients with the disease. We found that uncontrollable diseases were evaluated unfavorably, perhaps leading to feelings of helplessness and subsequent failure to take appropriate preventive action. However, if the actions necessary to gain control over a disease are aversive, as in some cancers, perceived control over the illness may not alter attitudes toward the disease.

Unrealistically negative attitudes toward diseases may also influence appraisals of patients, interfering with successful social interactions. Patients with chronic diseases often report that they feel that they are somehow treated differently after their diagnosis becomes known to family and friends; these negative attitudes regarding chronic diseases may be a precursor to behavioral changes toward patients. However, the present findings did not indicate that cancer patients were derogated, as accident and crime victims have been found to be derogated. Instead, cancer patients were described in very positive terms. One possible reason for this result is the personal susceptibility to cancer that most people feel. Other studies have suggested that others do not derogate victims of aversive events that might befall them, but, rather, find other ways to restore a sense of justice.

Therefore, in an attempt to maintain a belief in a just world, observers may chose to believe that cancer patients are compensated for their experience by becoming better people. Possible theoretical and clinical implications of this perception are discussed.

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